STATE OF UTAH
APPLICATION FOR CERTIFICATE OF REGISTRATION
FIRE SPRINKLER SYSTEM INSPECTION & TESTING

Rev. 10/3/07

Type of Application	❑ New ❑ Renewal	Original Date: (For office use only)	S No. (For office use only)

Please Print or Type

Applicant Information

Applicant Name

_____ _____ _____

First   Middle   Last

Social Security Number _____ Telephone _____

Home Address

_____

Number and Street or PO Box   City   State   Zip Code

Employment Information

Name of Firm _____

Address of Firm: _____

Number and Street or PO Box   City   State   Zip Code

Applicant Description

Date of Birth _____   Age _____ years   Sex ❑ F ❑ M   Weight _____ lbs

Height _____ ft _____ in   Hair Color _____   Eye Color _____

Have you ever been convicted of any crime?   ❑ Yes   ❑ No

If "yes", indicate the date, type and location of the offense, the arresting agency, and the court disposition and sentencing information (Use back side of application)

Have you lived in another State within the last five years? ☐ Yes ☐ No

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I also understand and agree that failure to conduct my service work according to the adopted statues and administrative rules of the State of Utah with regard to Inspection and Testing of Water Based Fire Protection Systems will subject me to the possibility of the loss of my certificate of registration and/or the possibility of criminal prosecution.

Signature   Date

Technician Level Applying For

❑ Technician Level – I   ❑ Technician Level – II   ❑ Technician Level – III   ❑ Master Technician

Certificate of Registration $30.00

Examination Fee $20.00

Total $ _____

MAIL TO: UTAH STATE FIRE MARSHAL, 5272 S. COLLEGE DRIVE, SUITE 302, MURRAY, UTAH 84123-2611

Original Date		Renewal Date		Renewal Date		Renewal Date		Renewal Date	
Amount Paid		Amount Paid		Amount Paid		Amount Paid		Amount Paid	
Receipt #		Receipt #		Receipt #		Receipt #		Receipt #	
Date Crt Sent						Date Crt Sent			